

**Application Data Sheet**

**Application Information**

Application number::	To Be Assigned
Filing Date::	2/23/2005
Application Type::	Regular
Subject Matter::	Utility
Title::	MODULATORS OF ANGIOGENESIS
Attorney Docket Number::	021044-004110US
Request for Early Publication::	No
Request for Non-Publication::	No
Total Drawing Sheets::	38
Small Entity?::	Yes
Petition included?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	B.
Family Name::	LORENS
City of Residence::	Bones
Country of Residence::	NO
Street of Mailing Address::	Kraakenesveien 10
City of Mailing Address::	Bones
Country of mailing address::	NO
Postal or Zip Code of mailing address::	N-5152

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Jakob  
Family Name:: BOGENBERGER  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 425 Broderick Street  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94117

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GB  
Status:: Full Capacity  
Given Name:: Sacha  
Family Name:: HOLLAND  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 518 Foerster Street, Apt. B.  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94127

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Weiduan  
Family Name:: XU  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1800 22nd Ave., #203  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94122

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of Claims benefit of	PCT/US2003/027523 10/231,956	September 2, 2003 August 30, 2002

#### **Assignee Information**

Assignee Name:: RIGEL PHARMACEUTICALS, INC.  
Street of mailing address:: 1180 Veterans Blvd.  
City of mailing address:: South San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94080